



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations - Dept. 153

600 Washington Street – 7th Floor, Boston, Massachusetts 02111

<http://www.mass.gov/dia>

DIA Use Only

Invest./SWO ID #: _____

AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS OR DIRECTORS

Chapter 169 of the Acts of 2002 amended M.G.L. c. 152, §1(4) by adding the following paragraph:

“This chapter shall be elective for an officer or director of a corporation who owns at least 25 percent of the issued and outstanding stock of the corporation. Notwithstanding section 46, these provisions shall apply only if the corporate officer provides the commissioner of industrial accidents with a written waiver of his rights under this chapter. Said commissioner shall promulgate regulations to carry out the purpose of this paragraph. Violations of this paragraph shall subject the corporation to the penalties set forth in section 25C.”

Pursuant to M.G.L. c. 152, §1(4) as amended, I/We the undersigned officers of:

(Name of Corporation and Address)

each holding at least 25% of the issued and outstanding stock in said corporation, do hereby invoke the right to be exempt from the provisions of M.G.L. c. 152, §25A and therefore are not required to carry a workers' compensation policy covering the undersigned corporate officer(s) or director(s). I/We the undersigned do also waive any and all rights to make claims for benefits as defined in M.G.L. c. 152 for any injuries that may be sustained while in the employ of the above-named corporation.

Further, I/we the undersigned do understand that, should the above-named corporation hire or have in its employ any employee(s) in addition to the undersigned corporate officer(s) or director(s), said corporation is required to obtain workers' compensation coverage for the employee(s) as prescribed by M.G.L. c. 152, §25A.

I/We the undersigned have read and understand the statements and obligations as delineated above and I/we have checked the appropriate box below my/our name(s) indicating my/our desire to be exempt or not to be exempt from the provisions of M.G.L. c. 152.

Signed under the pains and penalties of perjury:

_____ Signature	_____ Print Name & Title	_____ Date (mm/dd/yyyy)
<input type="checkbox"/> I wish to exercise my right of exemption or	<input type="checkbox"/> I wish NOT to exercise my right of exemption	
_____ Signature	_____ Print Name & Title	_____ Date (mm/dd/yyyy)
<input type="checkbox"/> I wish to exercise my right of exemption or	<input type="checkbox"/> I wish NOT to exercise my right of exemption	
_____ Signature	_____ Print Name & Title	_____ Date (mm/dd/yyyy)
<input type="checkbox"/> I wish to exercise my right of exemption or	<input type="checkbox"/> I wish NOT to exercise my right of exemption	
_____ Signature	_____ Print Name & Title	_____ Date (mm/dd/yyyy)
<input type="checkbox"/> I wish to exercise my right of exemption or	<input type="checkbox"/> I wish NOT to exercise my right of exemption	

Note: ALL ELIGIBLE CORPORATE OFFICERS MUST SIGN. THERE CAN BE NO MORE THAN 4 SIGNATURES. Instructions on back.

PURPOSE & INSTRUCTIONS

Pursuant to M.G.L. c. 152, §1(4) workers' compensation insurance "...shall be elective for an officer or director of a corporation who owns at least 25% of the issued and outstanding stock of said corporation. Notwithstanding the provisions of section 46 of this chapter, these provisions shall apply only if said corporate officer provides the Commissioner of the Department of Industrial Accidents with a written waiver of his rights under this chapter. The Commissioner of the Department of Industrial Accidents shall promulgate regulations to carry out the purpose of this subsection. Violations of the terms of these provisions in any way shall subject said corporation to the penalties set forth under section 25C of this chapter."

Therefore in accordance with M.G.L. c. 152, §1(4) and 452 CMR c. 8.00 et. seq.:

- Such an exemption DOES NOT apply to employees of such a corporation who are not corporate officers. Those employees must be covered by a valid workers' compensation policy at all times.
- A copy of this form should be submitted to the insurance carrier on an annual basis, prior to the renewal of any existing policy, as affirmation that the statements contained herein remain in effect. If there has been ANY change in status of a corporate officer or director, a new Form 153 must be filed with the DIA and provided to the insurance carrier.
- Any corporation in which the corporate officers or directors own at least 25% interest in the corporation may exercise their right to exempt said corporate officers or directors from the provisions of the Massachusetts Workers' Compensation Act (M.G.L. c. 152).
- If the corporation named on this form employs no persons other than the eligible corporate officer(s) or director(s) who have exercised their right of exemption by signing the Form 153, said corporation may legally operate without a workers' compensation coverage. However, the corporation may not employ any person other than those corporate officers or directors who have exercised their right of exemption by signing the Form 153. Should the corporation hire additional employees, workers' compensation coverage must be obtained for those employees.
- The completed Form 153 must be submitted to the Department of Industrial Accidents, Office of Investigations for the exemption under M.G.L. c. 152, §1(4) to be invoked.
- The policies and procedures surrounding the exemption of a corporate officer or director are governed by 452 CMR 8.06 et. seq.
- If your corporation is submitting this form in response to a notice or Stop Work Order (SWO) from the DIA Office of Investigations, please write the Investigation ID Number or Stop Work Order Number on that correspondence on the space provided in upper right hand corner of the front of this form.

Instructions -

All eligible corporate officers must sign the form and indicate their choice to be exempt or not to be exempt from the provisions of M.G.L. c. 152 by checking the appropriate box located under their name and signature. Complete all information on the front of the form and submit it to:

**Department of Industrial Accidents
Office of Investigations - Dept. 153
600 Washington Street, 7th Floor
Boston, MA 02111**

For additional information visit our web site at <www.mass.gov/dia>. See 452 CMR c. 8.00 et. seq.